



# WYOMING MENTAL HEALTH DIVISION

## Children's Mental Health Waiver

### Level of Care Criteria Re-Evaluation

- ☐ Stand alone re-evaluation  
☐ Completed with CASII (see attached)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Address: \_\_\_\_\_

Screening Date: \_\_\_\_\_ Plan of Care Date: \_\_\_\_\_

Done by: \_\_\_\_\_

	Yes	No
Is the child between the ages of 4 and 21 years old?	<input type="checkbox"/>	<input type="checkbox"/>

Does the child have a current version DSM Axis I or ICD diagnosis?	<input type="checkbox"/>	<input type="checkbox"/>
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Code number(s) of primary diagnosis: \_\_\_\_\_

Date of most recent diagnosis: \_\_\_\_\_

Does the child meet Serious Emotional Disturbance (SED) Definition?	<input type="checkbox"/>	<input type="checkbox"/>
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*Persons from birth up to age 18 who current have, or at any time during the last year, had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-III-R*

*For children under age 6, pronounced emotional or behavioral symptoms including, but not limited to: severe withdrawal or symptoms of attachment disorder, autism, aggressive behavior in more than one setting*

Does the child meet level of care criteria for inpatient psychiatric hospitalization? (Mark all that apply – one must be marked to answer Yes to this question)	<input type="checkbox"/>	<input type="checkbox"/>
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- ☐ Behavior likely to lead to injury or circumstances in which they are likely to be injured  
(such as habitual running away and/or exposing themselves to physical and sexual abuse or danger, without control by caregiver)
- ☐ Perceived as genuine danger by caregivers
- ☐ Serious damage to the home of their caregivers or fire setting which has the potential of endangering others (within past 72 hours)

- ☐ *Can no longer be managed in their customary domestic setting as far as peer and family relations are concerned or school and training*
- ☐ *Certain psychiatric diagnostic procedure which require 24-hour supervision*
- ☐ *Anticipated severe side-effects of medications or treatment where there is a high probability of medical complications or severe cognitive impairments or where there exists a concomitant medical disorder, requiring 24-hour medical supervision*
- ☐ *Psychiatric symptoms in the course of treatment of a medical disorder that is being treated on an inpatient basis that interferes with the treatment of that disorder*
- ☐ *Weight loss below 85% of ideal weight that appears to be progressive and with significant medical complications*

**Yes      No**

Can the child be served in his/her home, school, and community with waiver services?

☐      ☐

Is the child currently residing in a family and community setting?

☐      ☐

**CASII Composite Score = \_\_\_\_\_**

**If answers to all questions above are marked “YES”**

The child/adolescent does meet the definition for Serious Emotional Disturbance and the level of care criteria for inpatient hospitalization and is eligible for home and community based services through the Children’s Mental Health Medicaid waiver.

**If answers to any questions above are marked “NO”**

The child/adolescent does not meet required criteria to be eligible for home and community based services through the Children’s Mental Health Medicaid waiver.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date